PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DISABILITY APPLICATION CHECKLIST

THIS FORM SHOULD BE RETURNED AND SIGNED WITH THE COMPLETED ORIGINAL APPLICATION FOR RETIREMENT. APPLICATIONS RECEIVED WITHOUT THE PROPER PAPERWORK FILLED OUT COMPLETELY WILL DELAY PROCESSING OR BE RETURNED AS INCOMPLETE. PLEASE INCLUDE THE FOLLOWING WITH YOUR RETIREMENT APPLICATION.

Name:

Forms REQUIRED for an eligible member to apply for regular retirement.	
☐	*Original Notarized Retirement Application
☐	*Original Maximum Affidavit – If applicable
☐	*Original Employer Form *(for each current employer)*
☐	*Original W4P
☐	*Original Authorization for Direct Deposit Form
☐	*Voided Check or Letter from Bank
☐	*Original Disability Authorization to Request and Release Information
☐	*Original Disability Claim
☐	*Original Disability Report by Personnel Officer
☐	*Original Disability Report by Immediate Supervisor
A copy of the following items are REQUIRED for an application to be considered completed.	
☐	*Copy of Member's Job Description
☐	*Copy of Member's Driver's License or other Government Issued Identification
☐	*Copy of Beneficiary's Driver's License or other Government Issued Identification
☐	*Copy of Member's Social Security Card
☐	*Copy of Beneficiary's Social Security Card
☐	*Copy of Member's Birth Certificate
☐	*Copy of Beneficiary's Birth Certificate
☐	*Copy of Marriage License if the applicant is married
☐	*CERTIFIED Copy of Divorce Judgement or Copy of Spouse's Death Certificate–if applicable
☐	*Copy of Leave Records if converting leave
☐	*Please provide the member's normal work schedule. For example, M-F 8AM-5PM, 4 (10s) if shift work, please describe in detail.
Date of Retirement and Last Date of Active Service	
	Confirm that date of retirement and last day of active service are NOT the same

I hereby confirm that all items on this checklist are included in this application. I acknowledge that any omissions or incomplete information may result in processing delays or the application being returned as incomplete.

_____ _____

Signature of Member Date

_____ _____

Signature of Employer Date

7905 WRENWOOD BOULEVARD | BATON ROUGE, LOUISIANA 70809 | TEL 225-928-1361 | FAX 225-923-0933

RETIREMENT APPLICATION CHECKLIST EXPLAINED

Original Notarized Retirement Application

- The member must choose a benefit option in Section 2.
- If the member is married at the time of applying, the spouse is REQUIRED to sign Section 2 indicating they agree to the option regardless of which option the member chooses.
- If an option other than the Maximum is chosen, Section 3 must be completed with the beneficiary's information.
- A notary MUST complete the Notary section.

Original Employer Form

- The employer MUST complete the sections labeled "to be completed by employer."
- The member and an appointing authority for the employer must sign the form.
- If a member intends to convert unused and unpaid leave to retirement credit, the number of days to convert MUST be noted on the form. Leave conversion is subject to the provisions of the employer's leave policy.

Original Maximum Affidavit

- ONLY if the Maximum Option is chosen, the member and two witnesses MUST sign the form.

Original Direct Deposit Form

- Must include a voided check or letter from the bank.

Original W4P

- Even if no taxes withheld

CERTIFIED Copy of Divorce Judgement or Copy of Spouse's Death Certificate

- Whatever is applicable, if member was ever married during participation in PERS and Marital Status has changed.

Copy of Leave Records if converting leave

- A copy of the member's leave records for at least the previous 12 months indicating the amount of leave available for their use at the time of retirement MUST be submitted.

Date of Retirement and Last Date of Active Service

- If these dates are the same, application will have delayed processing for further verification or be returned as incomplete.

PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

SELECT THE PLAN THAT APPLIES:

☐ PLAN A ☐ PLAN B

Date of Application: _____

APPLICATION FOR RETIREMENT

SECTION 1 – MEMBER'S INFORMATION (Application Must Be Completed in Full)

To the Board of Trustees:

In accordance with the provisions of the Parochial Employees' Retirement System law, I hereby make application for:

☐ Regular Retirement ☐ Disability Retirement

APPLICANT INFORMATION		
First Name:	Middle (or Maiden):	Last Name:
Social Security No.: MUST Attach copy of card	Date of Birth:	Telephone:
Mailing Address:	City, State, Zip:	
Email Address:		

Marital Status – Must Select ONE option.

☐ Never Married ☐ Legally Married ☐ Divorced ☐ Widowed

SECTION 2 – GENERAL INFORMATION

1. Selection is hereby made of the retirement benefit payment plan chosen below:
   (Please see page 2 for explanation of benefit options)

   ☐ Maximum Allowance ☐ Option Number _____

   (Choice must be written in blank - Option No. 2, 3, or 4)

2. Last Date on Active Payroll: _____ Effective Date of Retirement: _____
3. If applying for disability, are you receiving benefits under Workmen's Compensation Laws? ☐ YES ☐ NO

I hereby certify that all the information provided above is true and correct.

Applicant's Signature:

SECTION 3 – BENEFICIARY TO RECEIVE MONTHLY BENEFIT AFTER DEATH OF RETIREE

In the event of my taking the lesser allowance provided under an option, the following beneficiary is to receive any payable monthly benefits at my death:		
First Name:	Middle (or Maiden):	Last Name:
Social Security No.: Attach copy of card	Date of Birth:	Relationship:
Mailing Address:	City, State, Zip:	
Email Address:	Telephone:	

I hereby acknowledge that I am fully aware that if the above-named Retiree has either chosen an option that does not provide for a death beneficiary or designated someone other than myself, Retiree's legal spouse, as beneficiary(ies) of the Retiree's monthly retirement benefit with the Parochial Employees' Retirement System I will not receive a monthly benefit upon Retiree's death. I further acknowledge and consent to such designation(s), without limitation.

Legal Spouse's Signature:

SECTION 4 - NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____

, this _____ day of _____, 20_____.

Notary Public (Signature) | Notary ID # or Bar Roll #

Notary Public Name | Commission Expires

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

Please Note:

- Retirement shall not take effect earlier than thirty days prior to the date the application is received in the office (not the date of mailing).
- Applications are not accepted any earlier than ninety days from the date of the filing of the application.

OPTIONS:

Maximum Option

- Upon retirement for service, any participant may elect to receive his benefit in a Maximum Allowance payable through life, or he may elect at that time to receive the actuarial equivalent of his retirement allowance in a reduced allowance payable throughout life with the provision that:

Option No. 2.

- Upon his death, his reduced retirement allowance shall be continued throughout the life of and paid to such person as he shall have nominated by written designation duly acknowledged and filed with the Board of Trustees at the time of his retirement; or

Option No 3.

- Upon his death, one-half of his reduced retirement allowance shall be continued throughout the life of and paid to such person as he shall have nominated by written designation duly acknowledged and filed with the Board of Trustees at the time of his retirement; or

Option No. 4

- Some other benefit or benefits shall be paid either to the participant or to such person or persons as he shall have nominated provided such other benefit or benefits, together with the reduced retirement allowance, shall be certified by the actuary to be of equivalent actuarial value of his retirement allowance, and approved by the Board.

A retiree cannot change the designation of beneficiary.

No Change in the option elected by the member, other than to correct administrative error shall be permitted after 60 days from the date of receipt of retirement application by the Board.

IMPORTANT! Copy of member's birth certificate must accompany this application. Should an option plan be chosen, copy of beneficiary's birth certificate must also be submitted.

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

MAXIMUM OPTION AFFIDAVIT

DATE _____

STATE OF LOUISIANA
PARISH OF _____

This is to certify that I have chosen the Maximum Benefit on my application for retirement or DROP and I understand that this choice means that my monthly benefit is for my lifetime only and no survivor benefits will be paid after my death.

_____
Signature

Witnesses: (if married, one witness must be legal spouse)

_____

_____

7905 WRENWOOD BOULEVARD | BATON ROUGE, LA 70809
TEL 225-928-1361 | FAX 225-923-0933
WWW.PERSLA.ORG

PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

SELECT THE PLAN THAT APPLIES:

☐ **PLAN A** ☐ **PLAN B**

EMPLOYER FORM – TO BE COMPLETED BY EMPLOYER

USE THIS FORM TO REQUEST ONE OF THE FOLLOWING – CHOOSE ONLY ONE OPTION

☐ Regular Retirement Benefit ☐ Disability Benefit ☐ Deferred Retirement Option Plan (DROP) ☐ Post-DROP

EMPLOYEE INFORMATION		
First:	Middle (or Maiden):	Last:
Social Security No. :	Date of Birth:	Telephone:
Address:	City, State, Zip:	
Email Address:		
Employer:	Department:	

TO BE COMPLETED BY EMPLOYER	
Employee's Continuous Service Started on:	Date:
DISABILITY ONLY - Employee will have used all Accumulated Annual Leave on:	Date:
Last Day on Parish Payroll **(N/A for DROP)**:	Date:
Effective Date of Benefit (Retirement/DROP to Commence):	Date:

Unused & Unpaid Accumulated Leave for Conversion to Retirement credit = _____days.

***********LEAVE RECORDS MUST BE INCLUDED***********

OVERTIME PAY- LIST THE AMOUNT OF OT BY MONTH FOR THE 7 YEARS BEFORE RETIREMENT DATE

Specify year here>>>>>>>>	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 (current)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Did the member have ANY leave without pay since the date of hire? ☐ YES ☐ NO

If yes, provide the number of hours and time periods the leave without pay occurred below.

_____

_____

_____

Signature of Applicant Date

_____

Name and Title of Appointing Authority Submitting This Form

_____

Signature of Employer Date

Actuarial Approval:

7905 WRENWOOD BOULEVARD | BATON ROUGE, LA 70809 | TEL 225-928-1361 | FAX 225-923-0933

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at *www.irs.gov/W4App*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . . . $

Add other credits, such as foreign tax credit and education tax credits $

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;

3. Receive these payments or pension and annuity payments for only part of the year; or

4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Taylor also has a job that pays $25,000 a year. Taylor has no other pensions or annuities. Taylor will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has $1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Casey does not have a job, but receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Casey will enter $25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has $1,000 of interest income, then they will enter $1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Sam does not have a job, but receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has $1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Alex also has a job that pays $25,000 a year and another pension that pays $20,000 a year. Alex will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and $45,000 in Step 2(b)(iii).

If Alex also has $1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter $26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

CAUTION ***Multiple sources of pensions/annuities or jobs.*** *If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income	**1**	$
2	Enter: • $30,000 if you're married filing jointly or a qualifying surviving spouse • $22,500 if you're head of household • $15,000 if you're single or married filing separately	**2**	$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	**3**	$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • $2,000 if you're single or head of household. • $1,600 if you're married filing separately. • $1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • $3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	**4**	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	**5**	$
6	**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P	**6**	$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

NOTICE:
All changes made *after* the 15th will take effect in the following month.

AUTHORIZATION FOR DIRECT DEPOSIT

Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution

BENEFIT RECIPIENT'S INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Last 4 Digits of SSN:	Phone Number:	
Email Address:		

ACCOUNT INFORMATION

Name of Financial Institution:		
Type of Account: ☐ Checking ☐ Savings		
Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution		
Account Number:	Routing Number: (Must Be 9 Digits)	
Address of Financial Institution:		
City:	State:	Zip Code:
If Joint Account, Name of Joint Signer:		

I hereby authorize Parochial Employees' Retirement System (PERS) to deposit my net benefit payment to my account at the financial institution designated above and, if necessary, to initiate withdrawals to correct erroneous deposit entries to my account listed above. I understand that it is my responsibility to notify PERS should any changes occur to the above account specified. This authorization remains in effect until another signed Authorization for Direct Deposit is completed and received by PERS terminating or changing payment instructions. By signing below, I certify the following: 1) that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S.; 2) that I am entitled to the payment identified herein; and 3) that I understand the provisions and obligations contained herein.

Signature of Benefit Recipient

Date of Signature

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

AUTHORIZATION TO REQUEST / RELEASE INFORMATION

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:
Social Security No.:		Date of Birth:

AUTHORIZATION AND SIGNATURE

I authorize any employer, insurance company, Medical Insurance Bureau, Workers' Compensation Board, Social Security Administration, physician, practitioner, hospital, or health care institution to release to the Parochial Employees' Retirement System (PERS) any medical information, which may be required to establish validity of this claim. I also authoiize such company, person, or organization to disclose any relevant claim information required for the review of this claim. I agree that a photocopy shall be as valid as the original. I acknowlege that I am responsible for the cost of duplication of records.

I understand that if approved for disability retirement benefits, by way of this release, I give my permission and authorization to the Parochial Employees' Retirement System (PERS) to request information related to documentation or forms regarding earned income and/or benefit(s) I may be receiving now or in the future from the following sources: Internal Revenue Service, Department of Labor and/or the Social Security Administration.

Signature of Member **Date of Signature**

7905 Wrenwood Boulevard | Baton Rouge, LA 70809
TEL (225) 928-1361 | FAX (225) 923-0933
WWW.PERSLA.COM

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DISABILITY CLAIM

MEMBER'S INFORMATION

First Name:	**Middle Initial:**	**Last Name:**
Social Security No.:	**Date of Birth:**	**Mailing Address:**
Job Title:	**Employer Name:**	

MEMBER'S JOB INFORMATION

Type of Disability:		
Date your disability began:		
When did you draw your last salary check?		
Was the disability a result of an injury or accident on the job?	☐ **YES** ☐ **NO**	
If yes, was the injury sustained in the official performance of official duties?	☐ **YES** ☐ **NO**	
Date of accident:	**Location of Accident:**	
If the condition was due to an accident, describe how the accident occurred:		
Have you made a worker's compensation claim? If yes, provide insurance carrier of claim.		

In your own words, please describe the usual job duties. (If additional space is needed, please attach separate sheet.)

Has your illness or injury caused you to change:

job duties? ☐ **YES** ☐ **NO** **hours worked?** ☐ **YES** ☐ **NO** **attendance?** ☐ **YES** ☐ **NO**

If yes, please identify the changes and their effective dates:

MEMBER'S ATTENDING PHYSICIAN INFORMATION

Regarding your disability, what is your consulting physician's major area of specialty? Mark only one.

Internal Medicine ☐ **Orthopedics** ☐ **Cardiology** ☐ **Psychiatry** ☐ **Oncology** ☐ **Neurology** ☐

Other specify:

Name of Attending Physician:		**Date First Visited Doctor:**
Mailing Address:		**Date Last Visited Doctor:**
City:	**State:**	**Zip Code:**
Phone Number:	**Email Address:**	
What treatment is currently being taken?		

Please list completely any and all medical treatments the member has undergone below, most recent to oldest.

Name of Physician:	**Physicians Field of Medicine:**
Date of Treatment:	**Procedure:**
Date first Visited Doctor:	**Date last visited Doctor:**

Name of Physician:	**Physicians Field of Medicine:**
Date of Treatment:	**Procedure:**
Date first Visited Doctor:	**Date last visited Doctor:**

Name of Physician:	**Physicians Field of Medicine:**
Date of Treatment:	**Procedure:**
Date first Visited Doctor:	**Date last visited Doctor:**

Name of Physician:	**Physicians Field of Medicine:**
Date of Treatment:	**Procedure:**
Date first Visited Doctor:	**Date last visited Doctor:**

Signature of Member **Date of Signature**

EMPLOYER'S STATEMENT

On behalf of my Police Jury (or other Board) I, ______________________, Acting in the capacity of ____________________ for said parish or board, do hereby Certify that the statements of the application above are true and correct, so far as I am able to determine.

Signature of Employer **Date of Signature**

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DISABILITY REPORT BY PERSONNEL OFFICER

MEMBER'S INFORMATION

Name:	Social Security No.:

PERSONNEL OFFICERS STATEMENTS

List applicant's job classification:

Did applicant have any physical or medical handicaps upon employment? If so, briefly describe each:

Briefly describe efforts made by your agency to place the applicant in a position that can be performed with the applicant's disability:

How many days of sick leave has this applicant taken since the onset of the disability?

Was this an increase in the use of sick leave? ☐ **YES** ☐ **NO**	**If yes, further explanation, if needed:**

Is the employee now receiving payments under Workmen's Compensation Laws?	☐ **YES** ☐ **NO**

If so, what date did they begin?

Benefit Received in the amount of $ _____ (SELECT ONE BELOW)

☐ Lump Sum ☐ Weekly ☐ Monthly ☐ Other _____

PERSONNEL OFFICER'S CERTIFICATION

Employer Name:	
Name of Personnel Officer:	Title:
Personnel Officer Email Address:	Personnel Officer Phone Number:

Signature of Personnel Officer **Date of Signature**

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PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DISABILITY REPORT BY IMMEDIATE SUPERVISOR

MEMBER'S INFORMATION

Name:	Social Security No.:

SUPERVISOR'S STATEMENTS

In your own words, briefly describe the disability applicant's job duties.

Specifically list the above stated duties that the applicant can no longer perform because of disability:

In your opinion, when and how did the disabling condition begin to affect the applicant's performance of job duties?

List the specific information you have as to date and cause of the disability:

List other specific duties under your supervision that the applicant may still perform:

SUPERVISOR'S CERTIFICATION

Employer Name:	
Name of Supervisor:	Title:
Supervisor Email Address:	Supervisor Phone Number:

Signature of Supervisor **Date of Signature**

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DS 10.2025